Summary Roadmap
Final Report

April 2006

Kansas Health Information Technology / Health Information Exchange Policy Initiative

Facilitated by the eHealth Initiative and Foundation with support and assistance from United Methodist Health Ministry Fund, Sunflower Foundation, and the Kansas Health Foundation

eHEALTH INITIATIVE
Real Solutions, Better Health

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EXECUTIVE SUMMARY

Consensus has emerged within federal leadership and the public and private sectors that Health Information Technology (HIT) and Health Information Exchange (HIE) when implemented properly can improve the quality and safety of health care and help stem its rising costs. Consistent with Secretary Leavitt's maxim of "national standards; neighborhood solutions," state and local governments are beginning to collaborate and develop a consensus among diverse stakeholders on the vision, goals, and strategies required to foster improved health care and outcomes through timely and appropriate health care information exchange.

To address the problem of rising health care costs, Governor Kathleen Sebelius established the Kansas Health Care Cost Containment Commission (H4C), chaired by Lieutenant Governor John Moore in December 2004. The following report, the *Roadmap*, summarizes the progress made to date and the immediate plans for the remainder of 2006 for the project known as the Kansas Health Information Technology / Health Information Exchange Policy Initiative (the Project). The Project was commissioned by the Governor's H4C, and funded by the United Methodist Health Ministry Fund, the Sunflower Foundation, and the Kansas Health Foundation. It was managed and staffed by the Division of Health Policy and Finance with consultation from eHealth Initiative Foundation. Work was completed in partnership with Kansas healthcare and business leaders over the period of December 2005 through March 2006. The purpose of the Project was to perform an initial assessment of HIT and HIE in Kansas, develop a shared vision for the adoption of HIT and interoperability in Kansas, and draft a set of key principles and high level actions for a statewide e-health information strategy. Participants consistently expressed strong support for the Governor's and Lieutenant Governor's efforts to increase the priority and visibility of HIT and HIE within the state of Kansas.

The *Roadmap* identifies key decision points by focusing on the "what, when, why, and who" – what action needs to occur, when does the action need to occur, why is the action necessary, and who (individual / group / organization) is required to complete the action. It is constructed with an acknowledgement of other activities currently planned in Kansas including HIE efforts in regional areas, metropolitan areas, statewide initiatives underway through the Kansas Department of Health and Environment, and extensive implementations by providers in Kansas.

The need to improve the adoption of HIT and the implementation of HIE in Kansas has been established. Building upon the consensus among state health care leaders achieved during two statewide stakeholder meetings in January and March 2006, Kansas intends to undertake an intensive "180 day" period beginning summer 2006 to jump start first year projects; determine governance roles and structures; and to further the implementation and coordination of regional and statewide HIE projects in Kansas. The end-result of the 180 day period will be a formal prioritization of HIE projects based upon formally evaluated assessments from a clinical, technical, legal (security and privacy) and financial perspective.

The *Roadmap* contains actions to address the establishment of foundation features, creation of an organizational structure, and a detailed assessment of the Kansas environment:

Foundation Actions:

- Establish the Steering Committee
- Finalize vision, values, and guiding principles
- Finalize prioritization criteria
- Create detailed project, communication, and education plan for 180 day period

Organizational Actions:

- Create a project management structure and staffing plan
  - Create governance structure
  - Design, charter, and implement Working Groups (Clinical, Technical, Financial and Legal)
- Continue plans to address legal, privacy and security issues

Environmental Actions:

- Perform technical assessment of current HIT/HIE projects in Kansas
  - Complete and maintain an inventory of HIT / HIE capabilities
  - Perform a gap analysis of HIT and HIE capabilities in Kansas

The *Roadmap* provides the structure and tools to create the infrastructure needed to begin implementing health information exchange in Kansas. As highlighted by attendees at the March 23, 2006 statewide stakeholder meeting, success can be defined many ways; however it can be summarized as long-term tangible improvements in health care quality, safety, and costs through focused, collaborative and incremental efforts.

Health information exchange development has been categorized into six stages of maturity: Recognition, Organization, Defining Needs, Implementation, Operational, and Expansion[1]. Kansas recognized the need for HIE and began this process in 2005. From December 2005 to April 2006, Kansas made significant progress organizing efforts. During the upcoming 180 day intensive project to implement actions outlined in this *Roadmap*, Kansas will complete stage three – this stage is characterized by "transferring vision, goals, and objectives to tactics and business plans, defining needs and requirements, and securing funding."[2] When attendees at the March 23, 2006 meeting were asked to define success, one breakout group defined success as completing stage three by spring 2007 – a very achievable goal for Kansas.

Achieving success will be possible with the collaborative contributions and efforts of many public and private partners, each with a sense of urgency and commitment to advance the *Roadmap*.

[1] Second Annual Survey of State, Regional and Community-Based Health Information Exchange Initiatives and Organizations – eHealth Initiative Foundation 2005
[2] Ibid

BACKGROUND

Project History

To address the problem of soaring health care costs Governor Sebelius established the Kansas Health Care Cost Containment Commission (H4C) in December 2004.. The H4C, chaired by Lieutenant Governor John Moore, works to improve patient care, cut unnecessary administrative costs, and facilitate the adoption of health information technology and exchange. The H4C emphasizes a shared vision and goals as part of a Health Information Exchange (HIE) roadmap as the next step in achieving interoperability and the mobilization of information to support patient care.

The following report, the *Roadmap*, summarizes the progress to date and immediate plans for the remainder of 2006 for the project known as the Kansas Health Information Technology / Health Information Exchange Policy Initiative (the Project). The Project was commissioned by the Governor's H4C in 2005, and initial funding was provided by the United Methodist Health Ministry Fund, the Sunflower Foundation, and the Kansas Health Foundation. It was managed and staffed by the Division of Health Policy and Finance with consultation from eHealth Initiative Foundation. Work was completed in partnership with Kansas healthcare and business leaders over the period of December 2005 through March 2006. (See Appendix 1: Participant List). The purpose of the first phase of the Project was to perform an initial assessment of Health Information Technology (HIT) and HIE in Kansas, develop a shared vision for the adoption of HIT and interoperability in Kansas, and draft a set of key principles and high level actions for an e-health information strategy in Kansas.

Key events and activities which occurred over the past year include the following:

- *Summer 2005: Kansas Hospital Association (KHA) Electronic Health Record Working Group* - The KHA EHR Working Group, originally convened to develop guidance for provider organizations implementing HIT, developed several recommendations that were incorporated into the broad HIT/HIE initiative undertaken by the H4C.

    - Establish a mission/vision for a state strategy
    - Develop an independent, collaborative governance model
    - Develop sustainable funding and resources
    - Follow common definitions and standards to allow for interoperability and information exchange
    - Promote privacy and security, while pursuing the organizational mission
    - Facilitate HIT/HIE with an open architecture and secure environment

- *Fall 2005: H4C Commissioned the Kansas HIT / HIE Policy Initiative (the Project)* - Performed an initial assessment of HIT and HIE in Kansas, developed a shared vision for the adoption of HIT and interoperability in Kansas, and documented a set of key principles and high level actions for a statewide e-health information strategy in a briefing paper.

Project History (continued)

- *January 27, 2006: Wichita, Kansas Statewide Stakeholder Meeting* - Approximately 60 stakeholders from across the Kansas health care community engaged in developing a shared understanding of national and Kansas HIE activity and began the process of creating a statewide HIE strategy. During this meeting the briefing paper outlining an initial assessmentof HIT and HIE activities in Kansas and capturing Kansans' perspectives on HIT and HIE was distributed:[3]

- *February 16, 2006: Topeka, Kansas Interim Steering Committee Meeting* - A group of stakeholders assembled to create draft vision, values, and guiding principles; examine potential first-year projects; discuss governance models; and begin developing methodology for prioritization of future efforts.

- *March 1, 2006: The Health Information Security and Privacy Collaboration (HISPC) Contract Proposal* - The H4C, in partnership with the Kansas Health Institute, the University of Kansas Center for Healthcare Informatics, the Mid-America Coalition on Healthcare, and provider and consumer groups submitted a proposal in response to the HISPC request for proposals from RTI International and the National Governor's Association. The contract is part of a national HISPC contract through the Agency for Healthcare Quality and Research (AHRQ) to assess and develop plans to address variations in organization-level business policies and state laws that affect privacy and security practices - including those related to HIPAA - and that may pose challenges to interoperable health information exchange. If awarded, this project will begin in Spring 2006 and will initiate complementary activities addressing the legal, security and privacy issues associated with implementation and use of HIE that will be critical to efforts in Kansas and nationally.

- *March 6, 2006: Topeka, Kansas Interim Steering Committee Meeting* - A group of stakeholders assembled to finalize the vision, values, and guiding principles drafted at the Feb 16, 2006 interim steering committee meeting, complete the methodology for prioritizing future projects, and establish an agenda for the March 23, 2006 statewide stakeholder meeting.

- *March 23, 2006: Topeka, Kansas Statewide Stakeholder Meeting* - Achieved consensus for the vision, values and guiding principles, and initial organizational structure. Attendees had the opportunity to discuss and provide feedback on future projects, including criteria for prioritization; express their interest in participating in Working Groups; describe ideal governance structures; and define success for the Project. The Division of Health Policy and Finance and attendees made timing and staffing commitments to the 180 day intensive project .

Kansas HIT / HIE Overview

Kansas has made significant progress in the use of HIT and HIE with both public and private initiatives underway. During the initial assessment of HIT and HIE in Kansas, several existing and planned projects were identified. Highlights of these projects include:

- InfoLinks (enabling the two-way flow of data between the Kansas Immunization Registry and an electronic Community Health Record)

[3] Kansas Health Information Exchange Roadmap Briefing Paper issued January 27, 2006

- Kansas Public Health eXchange (PHIX) (a secure web-based communication system for rapid exchange of public health information)

- Kansas Immunization Registry project (Kansas' custom immunization tracking system)

- KAN-ED - the statewide internet collaboration established by the Kansas legislature in 2001 (designed to bring broadband capabilities to hospitals and other member institutions)

- Kansas University Center for Healthcare Informatics Simulated E-hEalth Delivery System (SEEDS) project (a collaborative initiative developed to teach nursing and medical school students about HIT and electronic health records)

- Healthe Mid-America (Kansas City Health Exchange to bring private payer claims data to the point of care)

- Central Plains Regional Health Care Foundation - Clinics Patient Index (Inter-clinic patient record system)

- Community Health Record Pilot in Wichita (to bring Medicaid claims data to the point of care)

An inventory and description of these and additional projects can be found in the January 2006 Kansas Briefing Paper,.[4]

HIT use in the clinical setting in Kansas is well established and poised for continued expansion. The Kansas Foundation for Medical Care, Inc. (KFMC) performed an environmental scan of Health Information Technology in Kansas in April 2005 which included a survey of physician offices across the state. The data showed that 21.4 percent of physician offices use electronic clinical information. Of those practices that do not currently use electronic clinical information, 31.8 percent reported they were planning to move toward using electronic clinical information within 12 months, and 68.2 percent indicated they do not plan to do so.[5] In the hospital environment, electronic clinical systems have made greater progress: 51 percent of hospitals surveyed reported access to electronic lab results, 34 percent reported electronic imaging systems in place, and 24 percent reported electronic medication administration records implemented. Looking to the future, 46.8 percent of hospitals reported they are discussing and considering strategies for Computerized Physician Order Entry (CPOE) implementation, with the majority indicating they plan to implement by 2007.[6]

Health information exchange is predicated upon established HIT use by providers. The assessment of HIT/HIE activities in Kansas and the survey of Kansas stakeholders point to widespread support for expanding the use of HIE in Kansas. This is an ideal time to leverage the potential of HIE to improve quality, safety, and efficiency of health care in Kansas.

[4] Kansas Health Information Exchange Roadmap Briefing Paper issued January 27, 2006
[5] An environmental scan conducted by the Kansas Foundation for Medical Care, Inc. (the federally designated Quality Improvement Organization for the state of Kansas) and submitted as a component within a Technical Proposal to the Centers for Medicare & Medicaid Services in response to the 8th Statement of Work RFP.
[6] Ibid

WORK COMPLETED

Several key actions must take place to successfully achieve the vision for HIE in Kansas. The following section summarizes actions from the various meetings and stakeholder input and discussion conducted to date. The actions are grouped into the following categories: Foundation, Organizational, and Environmental

Foundation Actions

1. Establish the Steering Committee

The Steering Committee should be responsible for maintaining and refreshing the vision, strategy, and outcome metrics underpinning the Project. It should provide advocacy when needed and build trust, buy-in and participation of major stakeholders statewide. Additionally, the Steering Committee should assure equitable and ethical approaches in implementing HIE in Kansas. It may also raise, receive, manage, and distribute state, federal, or private funds. It should prioritize and foster interoperability for statewide and regional projects.

Stakeholders recommended the Steering Committee consist of no more than 15 members, and must include representatives from Kansas' broad healthcare stakeholder community. It should represent clinicians, hospitals, payers, state government, consumers, employers, and service providers (such as laboratories). Statewide representatives should be joined by representatives from regional or metropolitan areas as appropriate.

2. Finalize Vision, Values and Guiding Principles

The Steering Committee should finalize vision, values, and guiding principles (Appendix 2: Vision, Values, and Guiding Principles) for HIE. During the March statewide meeting, several suggestions for refinement were captured. These suggestions should be evaluated and where appropriate approved. The draft vision statement is as follows:

> *"To accelerate the adoption of health information technology and health information exchange to improve health care quality, increase patient safety, and improve efficiency."*
>
> Alternative suggestions proposed by breakout groups at the March statewide meeting:
>
> - *"To improve the health and healthcare of Kansans through the adoption of HIT and HIE for positive results in health and healthcare quality, patient safety, improve efficiency and engage consumers."*
> - *"To serve as a catalyst for the adoption of health information technology and health information exchange to improve health care quality, patient safety and cost-effectiveness."*

Foundation Actions (continued)

Specific values and guiding principles have been identified as critical ingredients for success and are the foundation for a long-term strategy: These values are summarized here and presented in detail in Appendix 2: Values and Guiding Principles.

- Create Achievable, Actionable, and Practical Initiatives
- Enable Consumer-Focus
- Provide Technical Basis for Health Information Exchange
- Promote Sustainability
- Encourage Clinical Decision Support and quality evaluation
- Protect and Maintain Public Health and Health Care Research
- Support Data Stewardship

3. Finalize Prioritization Criteria

The draft prioritization criteria that were presented at the March 2006 statewide stakeholder meeting (see Appendix 3: Draft Prioritization Criteria) are designed to ensure activities receiving support from the Project are in alignment with the vision, values, and guiding principles. Support can range from endorsement to contributions of funding and staffing. Specifically, supported projects must be practical, achievable and actionable. The prioritization criteria should be finalized as soon as possible.

WORK IN PROGRESS

1. Create Detailed Project, Communication, and Education Plan for 180 Day Period

Scarce resources (financial, human, time) demand that careful examination of all activities be conducted. In addition, it will be necessary to identify and prioritize the proper tasks in order to build and sustain momentum and enthusiasm. A communication and education plan for the project will be necessary to optimize resources and anticipate challenges.

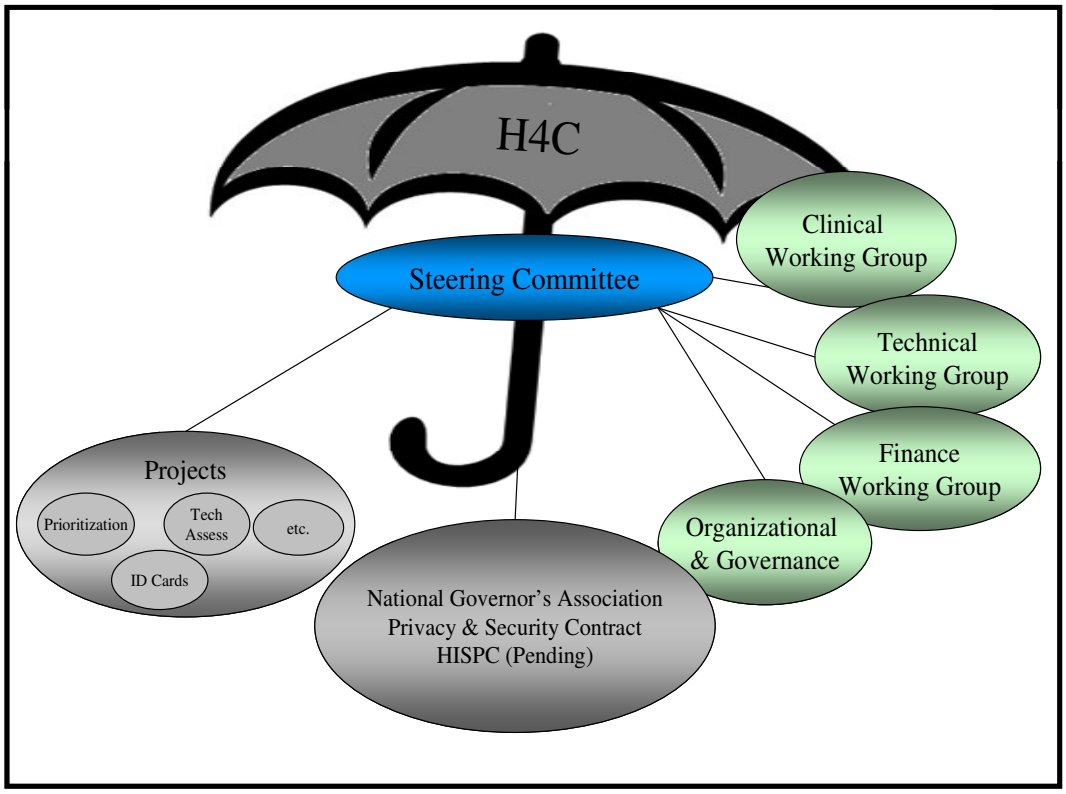
Organizational Actions

Kansans have been consistent in their characterization of the ideal organizational role for the state. In both the Briefing Paper and in the March 23rd, 2006 breakouts, Kansas health care leaders recommended the state serve as a coordinating body; providing leadership, guidance, and helping to facilitate a multi-stakeholder, public-private collaborative effort. The following actions acknowledge the leadership role played by the state and ensure multi-stakeholder involvement.

1. Create a Project Management Structure, Staffing Plan, and Charter Working Groups

The Project should establish an organizational structure as illustrated in Figure 1. This model depicts the organizational relationship of the H4C, Steering Committee, Working Groups, existing activities/projects, and the pending HISPC contract, if funded. It is intended to depict the overall leadership provided by the H4C and the accountability of the various Working Groups and projects to the Steering Committee. This organizational model is expected to be followed throughout the 180 day working period. Project management and staffing will be provided by the Division of Health Policy and Finance.

Figure 1: Proposed Organizational Structure



Organizational Actions (continued)

A brief description of each Working Group is provided below. For a detailed proposed charter for each Working Group, see Appendix 4: Proposed Working Group Charters.

Organizational & Governance Working Group

The Organizational & Governance Working group operates as an advisory committee to and includes members of the Steering Committee. This Working Group should be charged with delivering a final recommendation on long-term governance approaches and should serve as an interim decision-making body between Steering Committee meetings.

Clinical Working Group

The Clinical Working Group is chartered to represent the clinical perspective of patients, clinicians, providers, payers, community, and public health related to the Project and HIE within Kansas. As part of the 180 day effort, the Clinical Working Group should convene to identify and prioritize outcomes for HIE as approved by the Steering Committee. Once these outcomes are identified, the Clinical Working Group will determine the clinical interventions necessary to accomplish these outcomes. Working in conjunction with the other Working Groups, the Clinical Working Group will assemble decision memoranda for consideration by the Steering Committee. Approved projects will require operational resources from a sub-set of the Working Groups.

Financial Working Group

Funding of HIE projects within Kansas will continue to be a critical element of decision-making. As part of the 180 day effort, the Financial Working Group should be convened to catalogue and calculate the costs and measurable financial savings of HIE projects. This group's mission is to determine the benefit realization model based on the predicted outcomes of HIE projects. The deliverables should be incorporated into decision memoranda submitted to the Steering Committee.

Technical Working Group

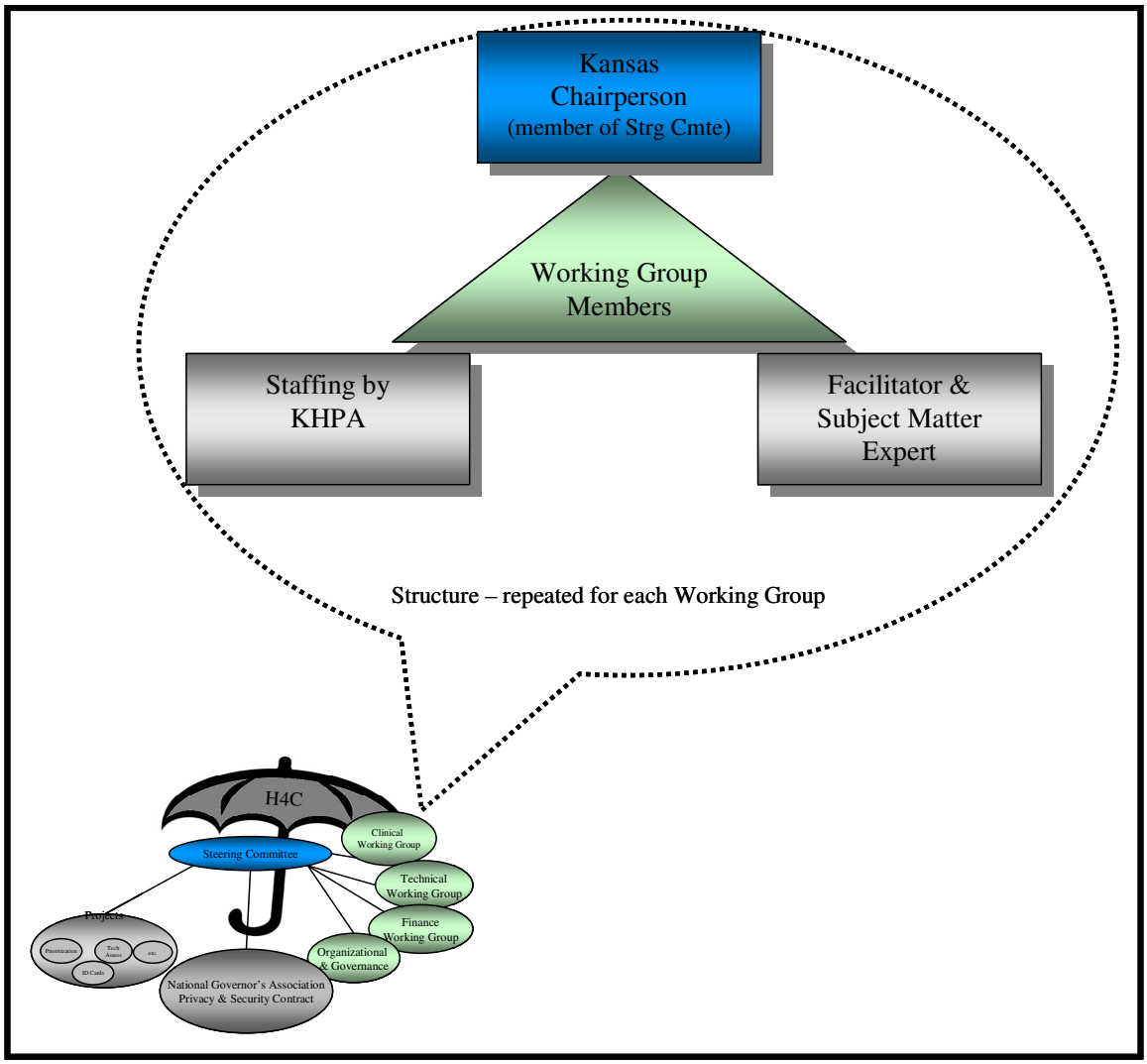
The Technical Working Group is chartered to represent and address the IT-related issues for the Project. A robust technical model is required for effective HIE. It will be imperative to leverage currently available HIT capabilities and build upon technical successes from other implementations to address HIE and business needs. This Working Group should be charged with establishing consensus to ensure appropriate technical standards are applied. The Working Group should initially complete a detailed technical assessment of existing and planned HIE projects within the state, and plan for the technical solutions necessary to support the projects as identified by the Clinical Working Group

Organizational Actions (continued)

Stakeholders expressed interest in participating in Working Groups, nominating forty-four participants from the fifty-six attendees at the March meeting. Additionally, the attendees highlighted the need for inclusion of the Mental Health, Long Term Care/ Nursing Home, Consumers, Advocacy and Uninsured communities in Working Group membership.

Each Working Group should be assigned a Kansas Chairperson, a Facilitator (and subject-matter expert as needed), and a Staff representative (See Figure 2). The Chairperson should be a Kansas leader and a member of the Steering Committee. The Division of Health Policy and Finance has committed operational staffing for each Working Group to administer meeting logistics and project management tasks.

Figure 2: Proposed Working Group Structure



Organizational Actions (continued)

Recommended roles and responsibilities associated with each the Working Groups:

Table 1: Working Group Roles and Responsibilities

Role	Responsibilities
Kansas Chairperson	• Chair Working Group meetings • Represent Steering Committee on Working Group and vice versa • Set direction and agenda for Working Group • Responsible for Working Group deliverables
Facilitator & Subject Matter Expert	• Liaison to entities nationally and in other locales addressing similar topics • Consulted on Working Group deliverables
Staff	• Logistics for Working Group • Project Management for Working Group • Informed of Working Group deliverables
Members	• Accountable for Working Group deliverables

Working Groups are structured to ensure broad stakeholder participation in planning and execution of their efforts. Participation in the Clinical, Technical, and Financial Working Groups should be open to all. An inclusive approach to Working Group membership will provide a means for all interested individuals and organizations to be represented.

2. Continue Plans to Address Legal, Privacy and Security issues

Implementation of the *Roadmap* requires that various legal, privacy, and security issues are considered. If awarded, these issues should be addressed as part of the Health Information Security and Privacy Collaborative (HISPC) proposal, or alternatively via creation of a Legal and Security Working Group. Specific issues to be addressed include:

- Ensuring privacy and security of health information
- Consumer control over their health information
- Appropriate handling of 'special' health information such as mental health information that requires greater confidentiality protection
- Appropriate handling of minors' health information
- Identification and authentication of those who will have access to health information in the exchange and for what purpose
- Kansas-specific laws or regulations which impact the mobilization of health information

Environmental Actions

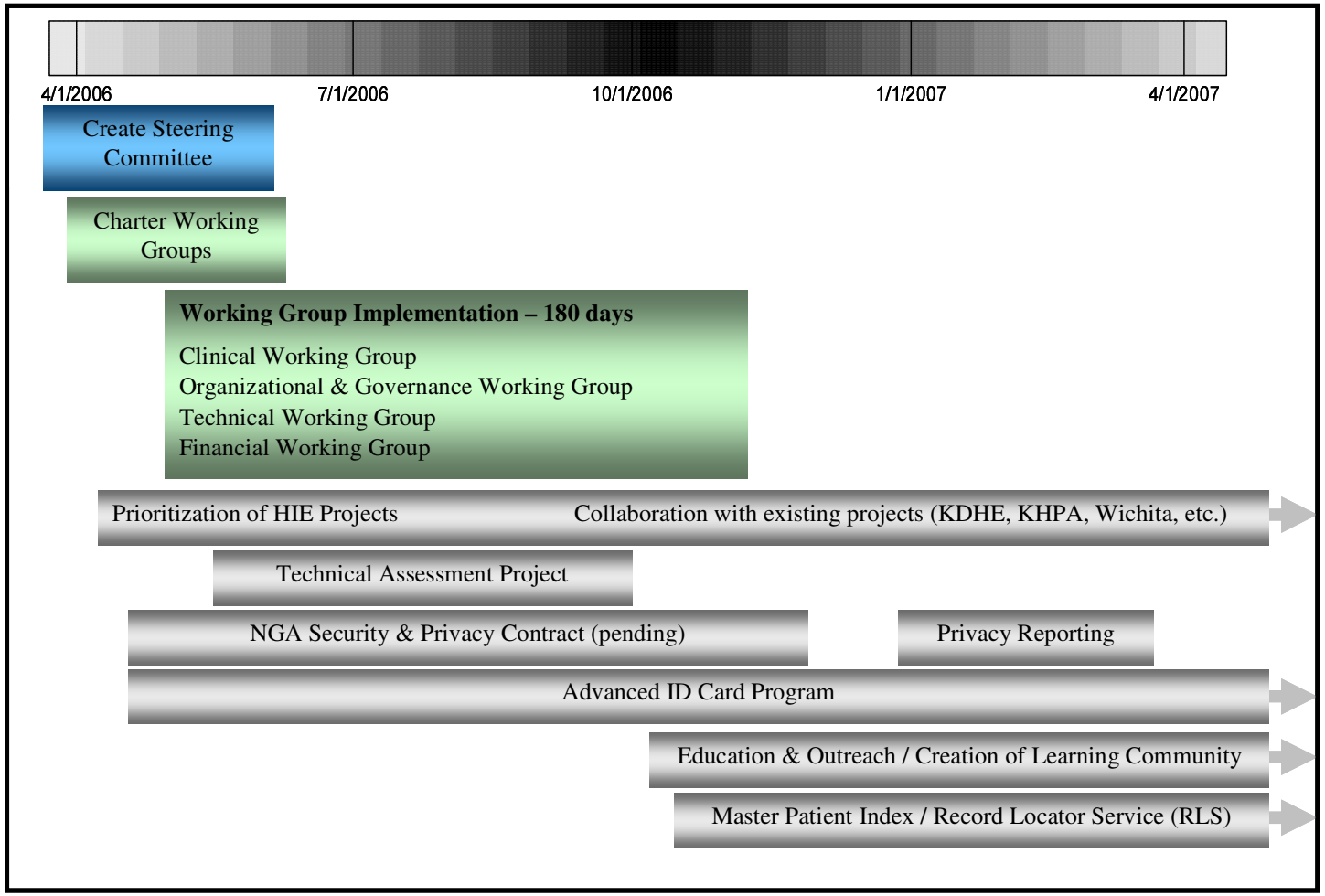
1. Perform Technical Assessment of Current HIT / HIE Projects in Kansas

To ensure that HIT capabilities being developed or implemented in Kansas are considered for applicability to future HIE projects, the Technical Working Group should perform a detailed technical assessment of existing and planned HIE projects in Kansas. This assessment will include updating and maintaining a complete inventory. The detailed technical assessment will be performed to document any gaps or overlaps which exist in the capability of projects currently underway in Kansas. Once these gaps and overlaps are identified, the statewide HIE efforts would intend to assist in ensuring that key gaps are filled, that inefficiencies created by overlaps are reduced and that future HIE plans are coordinated. See Appendix 5: Project Description.

IMPLEMENTATION APPROACH

The Implementation Approach outlines specific activities and a timetable for the next twelve months. Additional information concerning the "Who, What, Where, When, Why, and How" of each of these activities is included in Appendix 6: Potential First-year Projects.

Figure 3: Kansas' Projected Timeline



IMPLEMENTATION APPROACH (CONTINUED)

Implementation will include activities originating both within and external to the Project. Several existing and planned HIE activities within Kansas may be eligible for support from the Project. The Project can apply the organizational structure and tools recommended (Working Groups, criteria for prioritization, values and guiding principles) to each activity to determine those eligible for support, and simultaneously define activities which the Project will originate.

Existing HIE activities the Project is involved with or reviewing:

1. Advanced ID Card Technologies: The H4C has initiated a 22 month project to develop standards for Advanced ID Card Technologies. This project will involve healthcare stakeholders, emphasizing input from health plans and providers, and has the potential to complement HIE projects through the implementation of additional technology (card readers) within provider workflow.

2. The Health Information Security and Privacy Contract Proposal (HISPC): On March 1, 2006, the H4C submitted a proposal for the HISPC, a one-year subcontract with RTI International that is part of a larger national contract to assess health information security and privacy. The purpose of this state subcontract is to (1) assess variations in organization-level business policies and Kansas state laws that affect health information exchange in Kansas; (2) work closely with Research Triangle Institute (RTI), the National Governor's Association (NGA), and other states and territories to exchange information and experiences regarding interoperable health information exchange (HIE) barriers and best practices; (3) identify and propose practical solutions that protect privacy and security of health information and permit interoperable health information exchange; and (4) develop plans to implement solutions in Kansas.

3. Community Heath Record Pilot: The Community Health Record project is sponsored by the Kansas Division of Health Policy and Finance in partnership with FirstGuard and Cerner Corp. Using Cerner's healthcare information technology and patient information from FirstGuard's Kansas Medicaid managed care plan, the CHR collects demographic information, claimed clinician visits, dispensed medications and immunizations and displays this for clinicians in one electronic record.

HIE related projects that the Project may be expected to develop or support include:

1. Statewide Master Patient Index or Record Locator Service (RLS): The Record Locator Service is the primary piece of infrastructure required by the HIE environment. The RLS holds information authorized by the patient about where authorized information can be found, but not the actual information the records may contain. The RLS is subject to privacy and security requirements, and is based on open standards set by the standards and policy entities. RLS's would be operated by multi-stakeholder collaboratives, most likely on a regional basis and are built on the current use of Master Patient Indices within that community. The Project will focus on the feasibility and interoperability of regional approaches.

2. Education / Outreach: The Project anticipates the importance of HIT and HIE awareness as a critical success factor. The development of an ongoing education and communications strategy to share plans and accomplishments as well as overall education about the potential for HIT and HIE to positively impact health and health care in Kansas is critical. This could be accomplished through the development of a Learning Community to share best practices, plans, enthusiasm, and results with parties interested in HIE within Kansas.

CONCLUSION

Based on the urgency of the national agenda, progress in other locales, and current activities underway in Kansas, a strong foundation exists for significant progress toward interoperable HIE in Kansas. The H4C and the resulting public-private collaborative from the HIT/HIE Policy Initiative is poised to plan and develop the infrastructure needed to move HIE forward in Kansas. Continued support from the state of Kansas, the Governor and Lieutenant Governor are critical to the success of the Project.

APPENDICES

1. Attendees at the January and March 2006 Working Meetings
2. Draft Vision, Values, and Guiding Principles
3. Draft prioritization criteria
4. Proposed Working Group charters
5. Proposed detailed technical assessment project outline
6. Potential first-year projects

Appendix 1: Participant List - January and March 2006 Working Meetings

Last Name	First Name	Organization	Meeting(s) Attended
Atwater	Andi	The Wichita Eagle	January
Boyle	Bruce	Kansas Optometric Association	January
Braithwaite, M.D., Ph.D.	Bill	eHealth Initiative	January
Braman	Karen	Kansas Division of Health Policy and Finance	January
Bremby	Rod	Kansas Department of Health and Environment	January
Brown Lynch	Kimberly	Kansas Foundation for Medical Care, Inc	March
Bruning	William L.	Mid-America Coalition on Health Care	March
Brunton	Ron	Spirit AeroSystems, Inc.	January
Bumsted	Susan	Kansas State Nurses Association	January
Burke	Alan	Physician	January
Carson	Ellen	Kansas State Nurses Association	March
Connor	Joe	Unified Government Public Health Dept.	January
Connors	Helen	Executive Director/KU Center for Healthcare Informatics	January, March
Cooley	Dennis	Fellowship of American Academy of Pediatrics	January, March
Cornwall	Ruth	Kansas Medical Society	January
Dale Marshall	Laurie	Kansas Health Consumer Coalition	March
Davison	Joe	President, Kansas Academy of Family Physicians	January, March
Day	Robert	Kansas Division of Health Policy and Finance and KHPA	January, March
DeBoer	Janis	Kansas Department on Aging	January, March
Findley	Jennifer	KS Hospital Assn/KS Education & Research Foundation	January, March
Finnell	Chase	Kansas Division of Health Policy and Finance	January, March
Fleischer	Todd	Kansas Optometric Association	March
Freeman	Terry	Kansas Medical Group Management Association	March
Frisse, M.D.	Mark	Vanderbilt Center for Better Health	January, March
Gates	Paula	Preferred Health Systems, Inc.	March
Gaughan	Carolyn	Kansas Academy of Family Physicians	January
Glasrud	Scott	University of Kansas Hospital Authority	March
Gordon	David	Kansas Medical Group Managers Association	January
Grasso, Ph.D.	Michael	KU Medical Center	January, March
Hall	Billie	Sunflower Foundation	January, March
Hammond	Mike	Association of Community Mental Health Centers of Kansas, Inc.	January, March
Hansen	Chris	University of Kansas Hospital Authority	January
Hernandez	Leonard	Morton City Health Systems	January
Hiebert, M.D.	John	H4C	March
Hilburn	Diana	Via Christi Health System, Inc.	January, March
Huesers	Brian	Kansas Department of Health & Environment	March
Huff	Jerry	KAN-ED	January, March
Hungerford	Melissa	KS Hospital Assn/KS Education & Research Foundation	January, March
Hutfles	Mike	Hutfles Government Relations, Inc	March
John, R.N.	Jackie	Great Plains Health Alliance	January
Kiefhaber	John L.	Kansas Pharmacists Association	January
Koob	Karl	Kansas Health Information Management Assn.	January, March
Lakin	Gregory F	New Medical Health Care	January
Langworthy	Audrey	Kansas Senate (Retired)	March

Appendix 1: Attendees at the January and March 2006 Working Meetings (continued)

Last Name	First Name	Organization	Meeting(s) Attended
Lawler	Stewart	Booz Allen Hamiliton	January
Leiker	Wil	Kansas AFL-CIO	March
Liebman	Ron	Kansas Health Institute	January, March
Lies	Bob	KS Healthcare Information Mgmt Systems Society Chapter	January, March
Marples, M.D.	Brad	Stormail Vail Health Care & Cotton O'Neil Clinic	January, March
Montgomery	Steve	United Healthcare fo the Midwest, Inc.	March
Moore	John	State of Kansas	January, March
Moore	Kim	United Methodist Health Ministry Fund	January
Neff	Phil	Chair, Via Christi Hospital Board of Directors	January
Nicolson	Jan	Spirit AeroSystems, Inc.	January
Nielsen	Marci	Kansas Health Policy Authority Board	January
Otto	Aaron	State of Kansas	January, March
Overbey	Bill	Hays Medical Center	January, March
Peterson	Allison	Kansas Medical Society	March
Pitman	Larry	Kansas Foundation for Medical Care, Inc	January
Robertson	Kevin	Kansas Dental Association	March
Rogers	Jay	Kansas Insurance Department	March
Sharpe	Brenda	REACH Healthcare Foundation	March
Shaw	Pam	The University of Kansas Medical Center	January, March
Shipley	Mike	Kansas Foundation for Medical Care, Inc	March
Smith	Gregory	Kansas State University	January, March
Snethen	Edie	Kansas Assn of Local Health Departments	January, March
Spaulding	Ryan J.	Kansas Health Policy Authority Board	January, March
Stern	Peter	Kansas Independent Pharmacy Services Corporation	March
Thomas	Randy	HealthLink, an IBM company	January
Tilden	Chris	Office of Local and Rural Health	January
Titus-Howard	Teresa	Mid-America Coalition on Health Care	January, March
Van Aalst	Craig	Kansas Insurance Department	January
Vondemkamp	Scott	Blue Cross Blue Shield of Kansas	January, March
Waldren	Steven	American Academy of Family Physicians Center for Health Information Technology	January, March
Wallace	Bill	Blue Cross Blue Shield of Kansas, Inc.	January, March
Wangia	Victoria	Kansas University Center for Healthcare Informatics	January, March
Welebob	Emily	eHealth Initiative	January, March
Weniger	Andrew	eHealth Initiative	January, March
Wheelen	Chip	Kansas Assn. of Osteopathic Medicine	January, March
Wheeler	Joy	FirstGuard Insurance	January
Williams	Carolyn	Kansas Health Foundation	January, March
Woerman	Neil	Kansas Insurance Department	January, March
Yorke	Craig	Medical Director, Division of Health Policy and Finance	January, March

Appendix 2: Values and Guiding Principles

KANSAS HEALTH INFORMATION TECHNOLOGY AND HEALTH INFORMATION EXCHANGE (HIT/HIE) POLICY INITIATIVE - VALUES AND GUIDING PRINCIPLES (MARCH 23, 2006)

The Kansas HIT/HIE Policy Initiative will articulate a path to improve the quality, safety, and efficiency of health care in Kansas through the use of health information technology and health information exchange. A *Roadmap* will be designed over the next year to realize key deliverables by focusing on the "what, when, why and who" – what action needs to occur, when does the action need to occur, why is the action necessary and who is required to complete the action.

Vision: To accelerate the adoption of health information technology and health information exchange to improve health care quality, increase patient safety, and improve efficiency.

To aid in the *Roadmap* development process, specific values and guiding principles have been identified as critical ingredients for success and will serve as the foundation for a long-term strategy:

1. CREATE ACHIEVABLE, ACTIONABLE, AND PRACTICAL INITIATIVES
   - Develop and implement achievable, practical, and measurable initiatives to show early progress, value and momentum.
   - Foster collaboration, including public / private partnerships.
   - Provide solutions that address geographical or organizational issues.

2. ENABLE CONSUMER-FOCUS
   - Involve consumers in the development of governance and advisory structure as appropriate.
   - Provide consumers with meaningful information to assist them in making informed health care decisions.
   - Ensure health information security and privacy is protected.
   - Ensure that consumers retain the rights of access to their health information.

3. PROVIDE TECHNICAL BASIS FOR HEALTH INFORMATION EXCHANGE
   - Ensure use of national standards and promote interoperability in all Kansas implementations of electronic health information exchange.
   - Ensure health information availability at the point of care for all providers and patients.

Appendix 2: Values and Guiding Principles (continued)

4. PROMOTE SUSTAINABILITY
   - Develop and maintain a model for sustainability that aligns the costs with the benefits related to health information technology and health information exchange.
   - Create value for all participants.

5. ENCOURAGE CLINICAL DECISION SUPPORT AND QUALITY EVALUATION
   - Provide health care professionals with clinical decision support to enhance quality of care, reduce medical errors, reduce duplication, and foster adoption of recommended standards of care.
   - Collect and use scientifically valid data and information to assess the quality, performance, and cost of health care.
   - Use metrics to measure performance from the perspective of patient care, public health, provider and payer value, and overall economic value.

6. PROTECT AND MAINTAIN PUBLIC HEALTH AND HEALTH CARE RESEARCH
   - Enhance and facilitate the use of patient care data for appropriate public health disease surveillance, outbreak detection, trending, and health protection efforts.
   - Collect and use data and information for scientifically valid research and public health.

7. SUPPORT DATA STEWARDSHIP
   - Encourage data stewardship by individuals and organizations that utilize health information technology and generate personalized health data

Appendix 3: Draft Prioritization Criteria

When prioritizing HIT/HIE projects to be pursued or endorsed by the HIT/HIE working group, it is appropriate to use a formal methodology. In the simplest of terms, the purpose of the criteria is to ensure that projects *advance* the Vision for HIE in Kansas, rather than *hinder* achievement of that Vision.

DRAFT CRITERIA
Action: Simplify list and weigh the remaining criteria

Project must be in Alignment with Vision / Mission

Demonstrate alignment with Kansas H4C mission and priorities and Kansas HIT/HIE Policy Initiative Values and Guiding Principles

Outcomes / Impact

- Breadth of stakeholders benefiting from the project
- Impact on:
  - Kansas' health care delivery system
  - Cost of health care in Kansas
  - Public health
  - Kansas – percent of population impacted
  - Healthcare disparities in Kansas
  - Large urban communities
  - Pediatric community
  - Rural communities
  - Elderly community

- Measurable outcomes – how will performance and impact of project be measured?

Resource Requirements

- Cost to perform project
- Time to perform project
- Staffing required for project
- Has this been done before? – Do successful models of implementation exist?
- Speed to deliver results
- Technological complexity

Appendix 4: Proposed Working Group Charters

In anticipation of the implementation of Working Groups, charters have been drafted for the Organizational & Governance, Clinical, Finance, and Technical Working Groups. Each charter outlines the mission, scope and boundaries as well as specific deliverables associated with each Working Group. Draft charters are not reproduced here pending validation by each Working group at their first meeting.

Appendix 5: Proposed Detailed Technical Assessment

Technical assessment of existing and planned HIE projects

During 2006 it is anticipated that the Kansas HIT / HIE Policy Initiative (the Project) will undertake a detailed technical assessment of the existing and planned HIE projects underway in Kansas. The Project intends to use this review to assess existing HIE projects against a prioritized listing of HIE functions in order to guide the Project's collaboration in Kansas. The prioritized HIE functions are expected to be the main areas of emphasis for Kansas' statewide HIE efforts over the near term.

The detailed technical assessment will be performed to capture a more complete inventory and document any gaps or overlaps which exist in the capability of projects currently underway in Kansas. Once these gaps and overlaps are identified, the statewide HIE efforts would intend to assist in ensuring that key gaps are filled, that inefficiencies created by overlaps are reduced and that future HIE plans are coordinated.

This document includes the HIE technical assessment project outline (major project steps, tasks, and supporting documents) and an example HIE project data collection questionnaire.

Scope: Health information exchange projects.

Health information exchange (HIE) is defined as the mobilization of healthcare information electronically <u>across organizations</u> within a region or community. The goal of health information exchange is to facilitate access to and retrieval of clinical data to provide safer, more timely, efficient, effective, equitable, patient-centered care.

Appendix 5: Proposed Detailed Technical Assessment (continued)

Kansas HIT / HIE Policy Initiative
2006
HIE Technical Assessment Project Description

Major Project Steps	Tasks	Supporting Documents
I. Initiate Project and Planning	• Finalize scope • Inventory of HIT Capabilities and HIE projects (ongoing) • Finalize data collection questions • Establish contacts	• Inventory • HIE Project Data Collection (Section 1) • Contact information
II. Gather baseline information	• Conduct data collection – survey and interviews • Normalize results of data collection	• HIE Project Data Collection (Section 2)
III. Assess baseline information	• Compile data collection results • Draw landscape network maps (diagrams/flowcharts of relationships between all current and planned projects) • Focus efforts on most relevant projects by Incorporating "prioritized HIE data / functions" into assessment. • Loop back to data sources for incomplete information	• Data collection database • Landscape maps • Prioritized HIE data / functions
IV. Identify interoperability gaps and overlaps	• Use landscape maps to identify overlaps • Use landscape maps to identify gaps • Compare gaps to prioritized HIE data / functions • Prioritize gaps and overlaps using prioritized HIE data / functions	• Overlap listings • Gap listings • Gaps associated with high priority HIE data /functions • High priority gaps and overlaps

Appendix 5: Proposed Detailed Technical Assessment (continued)

Kansas HIT / HIE Policy Initiative
2006
Technical Working Group HIE Project Data Collection

Section I. Demographics

Suggested means to deploy: Use an online survey tool to gather this information from all potential HIE Projects operating beyond the borders of a single entity – maintain on a regular basis to stay informed of changes in Kansas.

Name of Project:
Project purpose:
Method used to determine expected value/ROI of project:
Expected value/ROI of project:
Estimated cost:
Planning: Implementation: Ongoing Maintenance:
Funding source:
Current project phase: Fully Operational ☐ Implementation ☐ Planning ☐
Contact person:
Name:
Title/Function:
Organization Name:
Address:
Phone:
E-mail:
Cities/Counties affected:
Sponsoring organization (s):
Names of organizations Represented within Governing Body:
Names of organizations currently involved
Provider Groups:
Hospitals:
Health Plans:
Vendors:
Payers, etc. [Include all stakeholders here –online survey tool check box approach]
Other:
Number of Providers involved (current, 6 months, 12 months in future):
HIE functions [substitute Kansas list from HIE Stakeholder grid plus potential Kansas projects listing]:
Current exchange components – what does it connect to:
Planned exchange components – what will it connect to:
Objectives to be met:
Critical success factors for meeting objectives:
Methodology for measuring project success:

Appendix 5: Proposed Detailed Technical Assessment (continued)

2006

Technical Working Group HIE Project Data Collection

Section II. Technical Architecture and Operation:

Suggested means to deploy: The following components of the HIE Project Data Collection would be best gathered in-person as part of a site visit to an operating or well planned HIE.

Systems Architecture

Security – System Architecture
Security – End User Authentication / Logon Approach
Patient Consent Captured
Network Communication Architecture
Commercial Applications Involved
Interface Engine – import
Interface Engine – export
Data Transformation
File Management
Document Management – Imaging / Cardio
Data Model
Data Standards Followed (current, planned)
Data Storage
Data Format
Replication Services
Analytics / Data Mining Capabilities
Report Generation / Distribution
Printing and Faxing Capabilities
Event Management / Rules Management
Administration of Provider Access
Archival Approach
Audit Capabilities for Access (read, modify)
Master Patient Index Approach (including demographics representation)
Provider Identifier Approach
Record Locator Service Approach
Non-Repudiation Approach
Billing / Revenue Model
Personalization
Service Oriented Architecture Usage
Message Center / Chat / Collaboration Tools
Any other differentiating technical characteristics

Appendix 5: Proposed Detailed Technical Assessment (continued)

Section II. Technical Architecture and Operation (continued):

Operations Architecture
Operational Processes and FTEs
Support Levels and Owners
Management Tools for Monitoring and Managing the System
Service Level Agreements
Operating Level Agreements
Display Devices Supported
Fault Tolerance
Backup / Disaster Recovery Requirements

Development Architecture
Environments for Development
Environments for Testing
Systems Testing
Acceptance Testing
Source Version Control
Automated Testing Tools

Appendix 6: Potential First Year Projects

The following list describes in detail potential first year projects referenced earlier in the *Roadmap*.

Convene Steering Committee and Charter Working Groups by summer 2006

Who	Lieutenant Governor and Robert Day, Ph.D., KHPA
What	Charter a statewide Steering Committee for the Project to act as the Public/Private decision making body for the Project until such time as a separate body is incorporated to administer the Project. Establish Working Groups for the following areas: • Clinical • Organizational & Governance • Financial • Technical • Security & Privacy (Use NGA structure if successful) See Appendix for draft charters for these working groups.
Where	Statewide membership
When	April 2006
Why	Provided Public/Private collaboration necessary to ensure buy-in
How	Formally charge these groups with specific deliverables

Prioritization of Projects

Draft criteria – ensure projects aligned with vision/mission

Who	Working Groups will work together to initially (and periodically thereafter) assess all potential projects against Kansas specific criteria for prioritization. The joint actions from these working groups will be presented to the Steering Committee for final decisions.
What	Prioritize projects
Where	Statewide
When	Continuous
Why	Ensure that limited resources are applied to projects with greatest impact
How	Advise Steering Committee on best projects for statewide support

Appendix 6: Potential First-year Projects (continued)

Advanced ID Card Technologies

Who	Clinical, Technical, and Financial Working Groups
What	Collaborate with effort led by Mid American Coalition on Health care
Where	Statewide
Why	Ensure that Advanced ID Card technologies program will be performed in accordance with Values and Guiding Principles
How	Ensure appropriate cross representation between ID Card Program and Working Groups. For example, schedule meetings in a complementary fashion where Project Working Groups meet in the morning and ID Card Program meets in the afternoon of same day in same place, thereby taking advantage of overlapping membership.

Statewide technical assessment of current HIT/HIE initiatives in Kansas

Who	Technical Working Group
What	A detailed technical assessment of the existing and planned HIE projects underway in Kansas. The Project intends to use this review to assess existing HIE projects against a prioritized listing of HIE functions in order to guide the Project's collaboration in Kansas. The prioritized HIE functions are expected to be the main areas of emphasis for Kansas' statewide HIE efforts over the next two years. The detailed technical assessment will be performed to document any gaps or overlaps which exist in the capability of projects currently underway in Kansas. Once these gaps and overlaps are identified, the statewide HIE efforts would intend to assist in ensuring that key gaps are filled, that inefficiencies created by overlaps are reduced and that future HIE plans are coordinated. See Project Outline in Appendix.
Where	Statewide
When	Summer 2006
Why	To ensure that HIT capabilities being developed or implemented in Kansas are considered for their applicability to future HIE projects.
How	See Project Outline in Appendix

RTI/NGA health information security and privacy collaboration (HISPC)

Who	H4C respondent, Kansas Health Institute (KHI) to administer
What	Contractual obligations
Where	Statewide
When	2006; Reporting through March 2007
Why	Federal funding for security and privacy component of HIE
How	H4C designated respondent, KHI to administer with assistance and input from KHPA, KU and others.

Appendix 6: Potential First-year Projects (continued)

Master Patient Index or Record Locator Service (RLS)

Who	Technical Working Group with guidance from Clinical and Privacy Working Groups.
What	The Record Locator Service is the primary new piece of infrastructure required by the Health Information Exchange environment. The RLS is subject to privacy and security requirements, and is based on open standards set by the Standards and Policy Entities. • The RLS holds information authorized by the patient about where authorized information can be found, but not the actual information the records may contain. It thus enables a separation, for reasons of security, privacy, and the preservation of the autonomy of the participating entities, of the function of locating authorized records from the function of transferring them to authorized users. • Release of information from one entity to another is subject to authorization requirements between those parties; in certain sensitive treatment situations patients or providers may choose not to share information. • RLS's are operated by multi-stakeholder collaboratives, most likely at a regional level and are built on the current use of Master Patient Indices. • The Project's efforts will be focused upon feasibility and interoperability of regional approaches
Where	Build upon detailed technical assessment to ensure that RLS approach is consistent statewide.
When	2006 through completion
Why	The Record Locator Service needs to enable a care professional looking for a specific piece of information (PCP visit or ER record) to find it rapidly.
How	An open design question is how and where in the model this capability can best be accomplished.

Appendix 6: Potential First-year Projects (continued)

Support Community Heath Record Pilot

Who	Division of Health Policy and Finance
What	Presentation of Medicaid claims data at point of care in Wichita market, supplemented with ePrescribing functionality
Where	Sedgwick County
When	Continuous
Why	Pilot of electronic health information created with administrative claims data and made available to clinicians.
How	Pilot program with FirstGuard Kansas Medicaid managed care providers in Sedwick County

Education / Outreach

Who	Communications team from Project
What	Development of a Learning Community to share best practices, plans, enthusiasm, and results with parties interested in HIE within Kansas
Where	Statewide
When	Continuous
Why	Stakeholder demand for information and sharing of plans and results
How	TBD